	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09780490 APPLICANT(S)				02 109 101		
	· · · · ·						LAIN	IS					+		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
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IND.	6	1	6	1	6] [TOTAL IND.	1	1	<u></u>] [1 L	
TOTAL DEP.	36		36		32		J	TOTAL DEP.						<u> </u>	
TOTAL CLAIMS	42	, 13.5	14/2		38	·	1	TOTAL	T						

PTO-1360 (3-78)

•MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS
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